

pneumonia twelve times; on the opposite side twelve times. In 46 cases of right-sided and 39 cases of left-sided pneumonia it was localized on both sides; in 17 cases of double pneumonia it occurred three times on the right side; three times on the left side, and eleven times on both sides. As unusual localizations, herpes may be mentioned on the tip of the tongue, once; on the ear, three times; on the forehead, twice; and on the upper eyelids, twice.

SURGERY.

UNDER THE CHARGE OF

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The Technique of the Use of Venous Hyperæmia.—HENLE (*Centralblatt für Chir.*, 1904, No. 13) states that in the use of venous hyperæmia one has a valuable antidote against tuberculosis of the extremities, as has been clearly shown by the experiments that have been conducted in the Breslau Surgical Clinic. That it also is effective in either chronic or acute affections of the joints has been proven by many experiments. Its value in erysipelas has been well shown in many cases. Bier found as the result of his experience that the best results are to be obtained by only producing a hyperæmia for the space of one hour daily. Care should be taken that the arterial circulation is not interfered with, and the best results have been obtained not by using the Esmarch bandage, but by the use of a band similar in its construction and application to that which is found as a part of the Riva-Rocci blood-pressure apparatus. By the use of this special apparatus, which the author has designed, the pressure can be most accurately regulated, and the degree of venous hyperæmia easily controlled.

The Diagnosis and Treatment of Hemorrhoids.—BRICK (*American Medicine*, July 23, 1904) after an admirable and most complete review of the surgical treatment of this most common condition states in conclusion that the method selected should be the one best suited to the individual case, although no case of internal piles that has come under the author's observation has been too severe for the clamp and cautery method. There is a double protection against hemorrhage both by the crushing action of the clamp on the tunica intima and by the cauterization, the thermic action of the cautery destroying all septic germs which may be present on the operative field; all capillaries and lymphatics are sealed, which prevents absorption of septic agents; there are no ligatures to cut through; the operation is finished at one time; no

protracted inflammation from injured nerves; no sutures to be removed, and there is a gain of about one week in the time of healing.

The Treatment of Chronic Bright's Disease.—ROVSING (*Centralblatt für Chir.*, 1904, No. 17) states that in a previous publication Edebohls has misquoted some statements and attributed them to him, and with a view to clearing up the facts it becomes necessary to again go into the question in detail.

Edebohls has stated that in his opinion there should be total extirpation of the membrana propria if the kidney and its capsules are either partially or totally diseased, so that there may be union between the surface of the kidney and its surrounding fat capsules.

Rovsing entirely disagrees with this view, for the reason that when this is done the kidney becomes embedded in a mass of newly formed connective tissue which, when new, guarantees an ample supply of blood, but later these adhesions of necessity retract and atrophy, and, as a result, the blood supply to the kidney is distinctly impaired and the kidney consequently undergoes atrophy. In Rovsing's opinion capsulectomy is only indicated in those cases where the kidney is either partially or totally bound down by adhesions, or if the kidney be tense and markedly swollen, or the membrana propria is distended by cysts. Such a condition is more often found in those cases where there is either a nephritis complicated by infection, or in nephrolithiasis, or in those cases which may be described under the name of a curative aseptic interstitial nephritis and perinephritis, and which may be recognized by pain in the region of the kidney, and in which pain rarely may be accompanied by hæmaturia. The pain in these cases is due to an irritation of the membrana propria, which is supplied by large numbers of sensitive nerve filaments. In Rovsing's judgment operation is only indicated in cases of nephritis dolorosa. In those cases where marked toxic conditions exist operation is not only not indicated, but in the majority of instances is extremely dangerous. In opposition to these views, Edebohls has taken the stand that in every case of chronic Bright's disease, no matter in what condition it may be, both kidneys should be subjected to decapsulation. Rovsing insists that in his judgment this is so grave an error as to require emphatic protest from the surgical as well as the medical point of view. It may be laid down as a broad general rule that each case must be considered upon its merits, and no case should be subjected to operative interference until it has been subjected to the most careful examination. Every case is not a suitable case for operation. It is to be regretted that a search through the literature shows that in the reports on the surgical treatment of Bright's disease no mention is made in many cases that there has been the careful and thorough examination, which should be the invariable rule before subjecting a patient to all the risks of operation. No one has been more to blame for this than Edebohls, as may be clearly seen by a reference to his article in the *Medical Record*, December 21, 1901. And a further examination of this article will show that out of eighteen cases not one of them has been subjected to a cystoscopic examination of the bladder with catheterization of the ureters and a subsequent bacteriological examination of the fluid obtained. The history of these cases is also lacking in many things, such as the exact amount of albumin the urine contained, and also the results of a careful micro-